### **BUSINESS SELF-MOVE AGREEMENT**

It is hereby understood and agreed by:	, herein "Claimant", and
, herein "Agency	y", that the amount to be paid to the Claimant
by the Agency for the relocation of all business fixtures, equipme	ent, stock, inventory, and other items of
personalty as provided by 49 CFR 24.303(a)(1), (2) and (3) and i	temized on the "Personal Property Inventory"
(Attachment A) not acquired as part of the real property at the dis	splacement location at:
and based upon the Mo	ve Specifications prepared by the Claimant
(Attachment B) is:	
\$	

The terms of this agreement are as follows:

- 1. No claim for payment, except for advance payments, shall be honored by the agency until:
  - (a) The Claimant has completed the relocation of all items listed in the "Personal Property Inventory" (Attachment A) and relocated as required by the "Move Specifications" (Attachment B).
  - (b) The Claimant has certified that items listed in the "Personal Property Inventory" (Attachment A) were actually relocated to the replacement site "Post-Move Verification" (Attachment C).
  - (c) A representative of the Agency has personally inspected the displacement and replacement locations to verify completion of the move "Post-Move Verification" (Attachment C).
  - (d) The displaced business has secured estimates pursuant to the self-move advisory issued by the DHCD Bureau of Relocation.
- 2. If upon inspection by a representative of the Agency any portion(s) of the items on the "Personal Property Inventory" (Attachment A) were not relocated to the replacement site in the manner prescribed in the Move Specifications (Attachment B), for any reason whatsoever, an appropriate reduction in the agreed amount shall be made by the Agency.
- 3. The Relocation Claim Form for payment shall be submitted within eighteen (18) months of the date of moving from the acquired premises.

Neither the Agency nor any officer or employee thereof shall be responsible for any damage or liability occurring by reasons of anything done or omitted to be done by Claimant under or in connection with the agreement. It is also understood and agreed that the Claimant shall fully indemnify and hold the Agency

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harmless for any liability imposed by injury or damage to property occurring by reasons of anything done or omitted by Claimant in connection with this agreement.

In the event the actual cost of the move exceeds the amount agreed upon above only those additional costs which can be shown to have been actually required in order to complete the move will, within certain limitations, be reimbursed. In this event, the actual cost of the entire move must be itemized and documented in support of the claim. All moving expense records are subject to review and audit by a representative of the Agency as well as the Bureau of Relocation. The total cost, under any circumstance, shall not exceed the amount of the lowest bid or estimate.

Unless otherwise provided, this agreement does not include expenses for searching for a replacement site, substitute equipment, actual direct loss of property, or re-establishment expenses. The cost for these items will be included, as deemed appropriate, by the Claimant upon filing of their Relocation Claim. Costs for these items must be documented as required by 760 CMR 27.00.

Claimant		Date
Approved:	Agency	
	Title	

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## PERSONAL PROPERTY INVENTORY

PAGE\_\_OF \_\_\_ ATTACHMENT A

Date:				Prepared By:	
For: ( Name of Business )				(Displacemen	t Location )
Replacemen	nt Address (if	f known ):			
	CERT	IFICATION		SYMBOL LEGEND	
I hereby certify that this personal property inventory is in a format acceptable to the displacing agency and represents an accurate description of the items located at the displacement location identified above. I further certify that the displacing agency did not purchase any items listed on this inventory as part of its acquisition of real property at the above stated displacement location.  Signature  Title			ent location cing agency did not art of its acquisition	A = Air C = Carpentry D = Duct Work/Exhaust E = Electrical G = Gas L/M = Lag, Level, Machinist P = Plumbing	P/P = Pads/Pits P/L = Property Loss P/U = Pack/Unpack R = Rigging S = Steel Sub = Substitution T = Telecommunications
			LOCATIC	N:Floor / Area / Basement	;
Item No.	Quantity	Symbol		Item	

## PERSONAL PROPERTY INVENTORY

PAGE\_\_OF \_\_\_ ATTACHMENT A

LOCATION:_		
	Floor / Area / Basement	

Item No.	Quantity	Symbol	Item
	_		
-			

## **MOVE SPECIFICATION**

PAGE\_\_\_OF \_\_\_ ATTACHMENT B

Date:			Prepared By:
For:			
For: ( Name of Business )		business )	(Displacement Location )
Replaceme	nt Address (i	f known ):	
			EQUIRE DISCONNECTING, MOVE AND RECONNECTING. BIDS PROVIDING SERVICES DESCRIBED BELOW:
Work Cate	oorv.		Location:
Work Cate	S <sup>⊙1</sup> J		(Floor / Area / Basement)
Item No.	Quantity	Symbol	Item / Description of Services
	-	-	-

# **MOVE SPECIFICATION**

PAGE\_\_OF \_\_\_ ATTACHMENT B

Work Category:			Location:
Item No.	Quantity	Symbol	Item / Description of Services

## **POST-MOVE VERIFICATION**

ATTACHMENT C

All items as listed on the "Personal			
Property Inventory", a copy of which is attached, have been relocated from the subject property to the replacement location as indicated in the relocation	CLAIMANT		
specifications.	DATE		
	22		
I have personally inspected the subject			
property and verified that all items of	AGENCY REPRESENTATIVE		
personal property listed in the "Move			
Specification" have been removed. I also			
inspected the replacement property to			
verify that the items were relocated thereto, as indicated in the "Move	DATE		
mereto, as mulcated in the Move			

Specifications".